

ASSIGNMENT

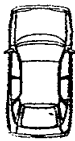
Surveyor:

ADRIAN

DOI: 19/08/2020

Date / Time : 18/08/2020

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : SHA 9380T

Claim No. : D20003249MFSH

Name of Insured : CITYCAB PTE LTD

Policy No. : D-20094921MFSH

Insured Tel No. : _____ HP: _____

Make / Model : HYUNDAI IONIQ

Excess Sec II :S\$ _____ D.O.A : 14/08/2020 16:20

Place of Accident : ECP TWDS CHANGI AIRPORT
BEFORE BAYSHORE ROAD EXIT

Is driver the owner? (YES / NO) Nature of Accident : _____

If NO, Driver Name / Age : YEO LEE HONG

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : _____

(V/L: YES / NO)

Insured Liability : _____ %

Final ? Yes / No

SMM 4921TINSRS:
WSP: TWINCAR
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SMM 4921T - NA/INC20008502/z4 ; 14/08/2020	Non-Reporting ltr (1st):	
	SHA 9380T -CC3/FCI15001332/Kgbd1 ; 03/11/2014	Non-Reporting ltr (2nd):	
	CS/FCI18006220/Dtbs2 ; 04/03/2018	Non-Reporting ltr (Final):	
	NA/INC20008502/z4 ; 14/08/2020	Notification ltr (if non-pickup):	
	NS/INC19014504/K1tf3n2 ; 17/08/2019	Call OI:	
		After call ltr to OI:	
		Documentation Check List:	Handler Typist
		Notification ltr (if non-pickup)	☐ ☐
		After call ltr to OI:	☐ ☐
		Authorisation To Act:	☐ ☐
		Release Voucher:	☐ ☐
		Final Repair Bill:	☐ ☐
		Car Rental Invoice:	☐ ☐
		Towing Invoice	☐ ☐
		LTA / GIA :	☐ ☐
		Medical Bill:	☐ ☐
		PIR:	☐ ☐
		Mandate/Reject Instruction:	☐ ☐
		LOD	☐ ☐
		Payment Breakdown Form:	☐ ☐
		Post-Repair Photos:	☐ ☐
		Others:	☐ ☐
PRELIMINARY ADVICE	Date/Time: _____ Sent By: _____		
FINALIZATION	Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost: L/SUM S\$ 16,500.00 (10 days) Reduction: 39 %	Email ☐ Call ☐		
FINAL SETTLEMENT	Date/Time: 4/6/2021 Confirm with MELODY	Email ☒ Call ☐	
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :		
Repair Cost: S\$ 17,655.00			
Loss of Rental (LOR): S\$ 1,800.00 (12 days) x \$150.00			
Loss of Use (LOU): S\$ (\$ x days)			
Loss of Income (LOI): S\$ (\$ x days)			
LOR only ☒ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]			
GIA/LTA Search S\$ 7.45			
Medical: S\$			
Disbursement: S\$ 100.00 (e.g. ☐ Tow/Independent)	1) Claim status: Normal/Reject/Private Settlement		
Legal Cost S\$	2) Report Format: TP		
	3) Survey fee: 600.00		
Total: S\$ 19,562.45	Global Sum S\$: 19,550.00		
FINAL PAYMENT	Date/Time: _____ Confirm with: _____ Email ☐ Call ☐		
Payee 1: S\$ 19,550.00	Name 1: TWINCAR Automotive Pte Ltd		
Payee 2: (Strike if N.A.) S\$	Name 2:		
Payee 3: (Strike if N.A.) S\$	Name 3:		